

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Derek D. Freeman

Mailing Address 2818 Wildoaks Dr

City

Duncan

State

OK

Zip Code

73533-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Anesthesia Associates

Occupation

CRNA

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 24 / 2015

Transaction ID : 44071151D85944FFB954

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Derek D. Freeman

Mailing Address 2818 Wildoaks Dr

City

Duncan

State

OK

Zip Code

73533-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Anesthesia Associates

Occupation

CRNA

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 24 / 2015

Transaction ID : BE9B4A2F2CA9478F8C7B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Daniel G. Gacharna

Mailing Address 21590 River Canyon Rd

City

Chattanooga

State

TN

Zip Code

37405-7430

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Alliance

Occupation

CRNA

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

02 / 06 / 2015

Transaction ID : 81A35E845A65404BA185

Amount of Each Receipt this Period

700.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00